PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number

Effective October 1, 2003

10/758,138

_					<u> </u>		<u> </u>					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS 20					•	•	1	RATE	FEE	7	RATE	FEE
F	DR .		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TO	TAL CHARGE	ABLE CLAIMS	20 _{mir}	nus 20=	· 9			X\$ 9=		OR	X\$18=	
INI	DEPENDENT C	LAIMS	200	nus 3 =	0			X43=		OR	X86=	
MU	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	<u>-</u>	OR	TOTAL	770
CLAIMS AS AMENDED - PART II								OTHER THAN				
_		(Column 1)		(Colum		(Column 3)	Column 3) SMALL EI			OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		·X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=	_	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	,	OR	+290=	
1,13								TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE		On,	ADDIT. FEE,	
		(Column 3)										
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		-		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=	
								TOTAL		OR	TOTAL	
								DDIT. FEE L	, •	OR ,	ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	ı	• .				i
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	Γ	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	T	X43=	:		X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								{	OR		
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. **TOTAL** **												
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL DDIT. FEE	
7	he "Highest Num	mber Previously Paid ber Previously Paid	I For (Total or	SPACE IS Independer	iess thar nt) is the	i 3, enter "3." highest number		DDIT. FEE L	opriat box	in colu		